FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

//	63	12	1

OMB APPROVAL

SEC USE ONLY

DATE RECEIVED

☐ Estimated

Actual

Serial

Prefix

OMB Number: 3235-0076 **Expires: May 31, 2005** Estimated average burden hours per form.....16.00

•					
Name of Offering (□ check if this is an a	mendment and name has changed,	and indicate change.)			\wedge
Sale of Series B Preferred Stock and Co	ommon Stock issuable upon conve	rsion of such Preferr	ed Stock		
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	E Rule 506	Section 4(6)	√ DAGOE
Type of Filing:		New Filing	12	Amendment	SECHIVED CONTRACT
	A. BASIC I	DENTIFICATION D	ATA		The second second
1. Enter the information requested about	it the issuer			M. M	2 4 2005 7
Name of Issuer (☐ check if this is an ame	endment and name has changed, and	l indicate change.)		4	
Notiva Corporation					
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Number (Including Area Co	10, 187/59
1900 South Norfolk Street, Suite 219	San M	ateo, California 9440	3 (650) 287-4290		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zi	p Code)	Telephone Number	(Including Area Cod	ie)
(if different from Executive Offices)					
Brief Description of Business					
Providing enterprise software and host	ed solutions				and FSSEU
Type of Business Organization					KOO
🗷 corporation	☐ limited partnership, already for	rmed	Ε	other (please spec	ify);, 1, 2, 0, 2003
☐ business trust	☐ limited partnership, to be form	ed			- JUL 0 0 -
			Year 2004	. 1	JUL 3 0 2003
Actual or Estimated Date of Incorporation	or Organization:	October	2001	•	FINANCIAL

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or

(Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

DE

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Boxes ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or that Apply: Managing Partner Full Name (Last name first, if individual) August Capital III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o David Hornik, 2480 Sand Hill Road, Suite 101, Menlo Park, California 94025 Check Boxes ☐ Promoter Beneficial Owner ☐Executive Officer General and/or ☐ Director that Apply: Managing Partner Full Name (Last name first, if individual) Canaan Equity III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Eric Young, 2884 Sand Hill Road, Suite 115, Menlo Park, California 94025 Check Boxes ☐ Promoter Beneficial Owner □ Director ☐Executive Officer ☐ General and/or that Apply: Managing Partner Full Name (Last name first, if individual) U.S. Venture Partners VIII, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Michael P. Maher, 2735 Sand Hill Road, Menlo Park, California 94025 Beneficial Owner Check Boxes ☐ Promoter Executive Officer Director ☐ General and/or that Apply: Managing Partner Full Name (Last name first, if individual) Bandych, David W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Notiva Corporation, 1900 South Norfolk Street, Suite 219, San Mateo, California 94403 Check Boxes ☐ Promoter Beneficial Owner ☐Executive Officer ☐ Director ☐ General and/or that Apply: Managing Partner Full Name (Last name first, if individual) Brandt, Mark Business or Residence Address (Number and Street, City, State, Zip Code) c/o Notiva Corporation, 1900 South Norfolk Street, Suite 219, San Mateo, California 94403 Director Check Boxes ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or that Apply: Managing Partner Full Name (Last name first, if individual) Fulcher, Jay Business or Residence Address (Number and Street, City, State, Zip Code) 5686 LaSeyne Place, San Jose, California 95138 Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner that Apply: Full Name (Last name first, if individual) Furphy, Thomas W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Notiva Corporation, 1900 South Norfolk Street, Suite 219, San Mateo, California 94403 ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Check Boxes Managing Partner that Apply: Full Name (Last name first, if individual) Hornik, David Business or Residence Address (Number and Street, City, State, Zip Code) c/o August Capital, 2480 Sand Hill Road, Suite 101, Menlo Park, California 94025

☐ Executive Officer

☐Beneficial Owner

Director

General and/or

Managing Partner

Check Boxes

Krausz, Steven

that Apply:

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Notiva Corporation, 1900 South Norfolk Street, Suite 219, San Mateo, California 94403

Full Name (Last name first, if individual)

Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (La	st name first, if individ	ual)	mAnnet (1.4.) - (A. m. a. Abridan (1. m.	***************************************	
Laughlin, Kev	vin				
Business or Re	esidence Address (Num	ber and Street, City, State, Zip Code)			
c/o Notiva Co	rporation, 1900 South	Norfolk Street, Suite 219, San Mateo	, California 94403		
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (La	st name first, if individ	ual)			
Terbeek, Gler	1				
Business or Re	sidence Address (Num	ber and Street, City, State, Zip Code)			
8 Cat Boat, H	ilton Head, South Car	rolina 29928			
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	□Executive Officer	Director	☐ General and/or Managing Partner
Full Name (La	st name first, if individ	ual)			-
Young, Eric					
Business or Re	sidence Address (Num	ber and Street, City, State, Zip Code)			
c/o Canaan E	quity III, L.P., 2884 S	and Hill Road, Suite 115, Menlo Park	, California 94025		
	, , , , , , , , , , , , , , , , , , , ,				

					В	INFORM	ATION AB	OUT OFFE	RING				
1.	Has the i	issuer sold, or	does the issu	er intend to					under ULOE	Σ.		Yes□ No 🎚	3
2.	What is t	the minimum	investment th	hat will be a	ccepted from	n any indivi	dual?		•••••	••••••••	•••••	\$ N/A	
3.	Does the	offering perr	nit joint owne	ership of a si	ngle unit?							Yes 🖪 No 🗆	l
4.	solicitati registere	on of purcha d with the SE	sers in conne	ection with s h a state or s	sales of sec tates, list th	urities in the name of the	ne offering. he broker or	If a person dealer. If m	to be listed:	is an associate	ed person or	agent of a b	emuneration for proker or dealer ersons of such a
Full	l Name (La	ast name first	, if individual)								•	
Bus	iness or R	esidence Add	lress (Number	r and Street,	City, State,	Zip Code)							
Nar	ne of Asso	ciated Broke	r or Dealer										
Stat	tes in Whic	ch Person Lis	ted Has Solic	ited or Inten	ds to Solici	Purchasers							
(Ch	eck "All S	tates" or ched	ck individual	States)		••••••	••••••		••••••				□ All States
[AI	-1	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	l	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	Γ}	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Ful	l Name (La	ast name first	, if individual)									
Bus	siness or R	esidence Add	lress (Number	r and Street,	City, State,	Zip Code)							
Nai	ne of Asso	ociated Broke	r or Dealer										
Stat	tes in Whi	ch Person Lis	ted Has Solic	ited or Inten	ds to Solici	t Purchasers							
(Ch	eck "All S	tates" or che	ck individual	States)		•••••						•••••	All States
[AI	_}	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
		ast name first	, if individual	1)									
Bus	siness or R	esidence Ado	iress (Numbe	r and Street,	City, State,	Zip Code)					·····		
Naı	me of Asso	ociated Broke	r or Dealer										
Sta	tes in Whi	ch Person Lis	sted Has Solic	ited or Inten	ds to Solici	t Purchasers					·		
			ck individual										All States
` [AI		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RJ		[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." transaction is an exchange offering, check this box 🗆 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt 0.00 0.00 0.00 Equity \mathbf{Z} Common Preferred Convertible Securities (including warrants) Series B Preferred Stock and Common Stock \$ 11,250,000.00 10,999,999.93 issuable upon conversion thereof..... Partnership Interests..... 0.00 Other (Specify _____) Total..... \$ <u>11,250,000.00</u> 10,999,999.93 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases 10,999,999,93 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. **Dollar Amount** Type of Security Sold Type of Offering Rule 505 Regulation A Rule 504 Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0.00 Transfer Agent's Fees Printing and Engraving Costs 0.00 図 Legal Fees 35,000.00 0.00 Accounting Fees

Engineering Fees.....

Sales Commissions (specify finders' fees separately)

Other Expenses (Identify)

Total.....

ヌ

0.00

0.00

0.00

35,000.00

C. OFFERING PRICE, NUM	MBER OF INVESTORS, EXPENSES A	ND USE OF PROCEEDS	
b. Enter the difference between the aggregate offering price in response to Part C – Question 4.a. This difference is t	e given in response to Part C - Question 1	and total expenses furnished	\$11,215,000.00
 Indicate below the amount of the adjusted gross proceeds to If the amount for any purpose is not known, furnish an est payments listed must equal the adjusted gross proceeds to the 	timate and check the box to the left of t	he estimate. The total of the	
		Payment to Officers,	Payment To
		Directors, & Affiliates	Others
Salaries and fees		— V	□ \$
turchase of real estate			<u> </u>
turchase, rental or leasing and installation of machinery and equip	•		□ \$
Construction or leasing of plant buildings and facilities		🗆 \$	□ s
Acquisition of other businesses (including the value of securities			□ s
n exchange for the assets or securities of another issuer pursuant tepayment of indebtedness	- ·		□ \$ □ \$
Vorking capital			\$ 11,215,000.00
		··· ⊔\$	\$ <u>11,215,000.00</u>
Other (specify):		_ □ s	□ s
			□ s
Column Totals			\$ 11,215,000.00
Otal Payments Listed (column totals added)			· — — — — — — — — — — — — — — — — — — —
	D. FEDERAL SIGNATURE		
			C 11
The issuer had duly caused this notice to be signed by the unders an undertaking by the issuer to furnish to the U.S. Securities and non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	Exchange Commission, upon written req		
ssuer (Print or Type)	Signature	1 /	Date
Notiva Corporation	Manas V	V tusting	July 18, 2003
		. 77	
Name of Signer (Print or Type)	Title of Signer (Print or Tyr	De) /	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230,262 presently	subject to any of the disqualification provisions of such rule?	Yes	No E
	See Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to furnish times as required by state law.	h to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.50	00) at such
3. The undersigned issuer hereby undertakes to furnish	n to any state administrators, upon written request, information furnished by the issuer to	offerees.	
,	s familiar with the conditions that must be satisfied to be entitled to the Uniform limid understands that the issuer claiming the availability of this exemption has the burden of	•	•
The issuer has read this notification and knows the corperson.	atents to be true and has duly caused this notice to be signed on its behalf by the under	ersigned duly a	authorized
Issuer (Print or Type)	Signature	Date	
Notiva Corporation		July 18,	2003
Name (Print or Type)	Title (Print or Type)	_L	
Thomas W. Furphy	President		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

				APPENDIX						
1		2	3		4				5	
	to non- investo	nd to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL				-						
AK										
AZ										
AR										
CA		X	\$10,793,747.29	12	\$10,793,747.29	0	-		X	
со										
СТ										
DE										
DC										
FL										
GA										
ні	-									
ID	.		1							
ΪL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN						1				
MS										
МО										

				APPENDIX					
1		2	3		4				5
	to non- investo	nd to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	a	Type of investor mount purchased (Part C-Item	in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E- Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ					-				
NM									
NY		X	\$206,252.64	9	\$206,252.64	0			Х
NC									
ND	,						-		
ОН								 	
OK									
OR		<u>. </u>							
PA									
RI				, <u>, , , , , , , , , , , , , , , , , , </u>					
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR									